

**North Carolina Division of Mental Health, Developmental
Disabilities and
Substance Abuse Services**

**Complaints Received By
Local Management Entities**

**State Fiscal Year 2009-2010
2nd Quarter
(10/1/09 to 12/31/09)**

Prepared by

**Customer Service and Community Rights Team
Advocacy and Customer Service Section**

Executive Summary

North Carolina Administrative Code (10A NCAC 26G.7001-7003) requires that all Mental Health, Developmental Disabilities and Substance Abuse Local Management Entities (LMEs) utilize standardized complaint response and complaint reporting procedures regarding services provided in their catchment areas. These rules state that LMEs are required to receive, review, appropriately respond and report complaints regarding any mental health, developmental disability and/or substance abuse service. This requirement includes complaints regarding all facilities licensed under NC General Statute 122C-Article 2 (except hospitals), unlicensed community-based services and LME services. For the purpose of this report and LME data collection, we define *complaints* as “any expression of dissatisfaction.”

This report includes aggregate statewide data and does not include data for each individual LME¹. A short caveat: It is difficult to interpret with certainty the reasons for variability in complaint rates among LMEs. A higher number of complaints may be a result, for example, of increased education for consumers, families and providers about consumer rights, the complaint rule and/or empowerment efforts to encourage the reporting and resolution of complaints. In fact, it is expected that aggregate data in future reports will likely show increases in the number of complaints reported to the LMEs due to public awareness and consumer education activities. Therefore, LME data comparisons are problematic.

These data, however, are very useful to local planners and policy groups. LME complaint data are utilized at the local level to inform management of trends that may justify further action or indicate an issue in their catchment area. Many LMEs report data trends to their Client Rights Committees, Board of Directors, Quality Management and Area Directors to ensure an expedient response to potential areas of concern. LMEs look at complaint patterns to identify opportunities for quality improvement and provide technical assistance when needed to ensure that appropriate action is taken. For example, LME staff may initiate an investigation or a provider review as a result of an individual complaint. Importantly, LMEs also provide this information to local Consumer Family Advisory Committees (CFACs) for their review and recommendations to respective LMEs.

¹ LME data are available upon request. Please contact Cindy Koempel or Tracy Ginn at (919) 715-3197 or e-mail Cindy.Koempel@dhhs.nc.gov.

State Fiscal Year (SFY) 09-10 2nd Quarter Complaint Data Highlights:

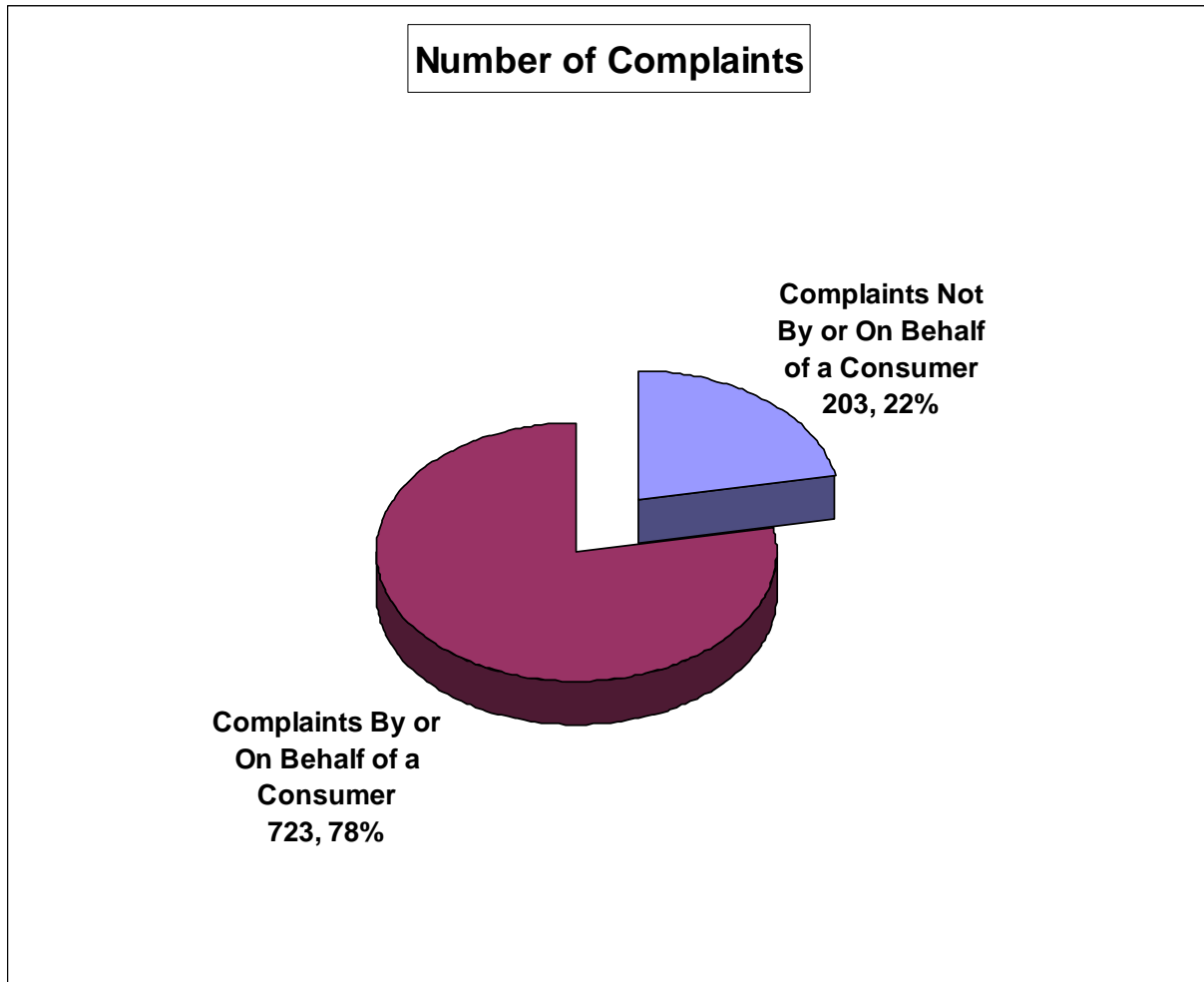
- A total of 926 complaints were made to LMEs between October 1, 2009 and December 31, 2009.² Seven hundred twenty-three (78%) of the complaints received were filed by or on-behalf of a consumer and 203 (22%) of the complaints received were not filed by or on behalf of a consumer because the issue did not directly involve a particular individual.
- Consumers filed 212 (24%) and parents/guardians filed 193 (21%) of the complaints during this quarter, accounting for 45% of the complaints reported statewide. Providers initiated 142 (15%) of the complaints.
- Four hundred and thirty-eight (60%) of the 723 complaints related to consumers were filed regarding an adult and 238 (33%) were filed by or on behalf of a child or adolescent. Four hundred and four (56%) of the consumers involved had a mental health diagnosis, 153 (19%) had a developmental disability diagnosis, 103 (14%) had multiple disabilities and 22 (3%) had a substance abuse diagnosis.
- Three hundred and eighty (41%) of the complaints were related to quality of care, 114 (12%) involved authorization/billing/payment issues and 105 (11%) related to access to services.
- During the second quarter of FY 2009–2010, Community Support-Adult Service represented 135 (14%) of the total complaints, residential services represented 132 (14%) and Community Support-Child Service represented 108 (11%) of the total complaints.
- Two hundred and six (22%) of the complaints resulted in an investigation by the Local Management Entity, the Division of Health Service Regulation, the Department of Social Services or the Division of Mental Health, Developmental Disabilities and Substance Abuse Services.
 - Of the two hundred and six complaint investigations that took place, 95 (46%) were not substantiated, 74 (36%) were substantiated and 29 (14%) were partially substantiated.
 - Ninety-nine (47%) of the complaints that were investigated required no further action, 55 (27%) required a corrective action plan and 45 (22%) resulted in recommendations to the provider.
- Seven hundred and twenty (78%) of the complaints this quarter did not require an investigation.

² During this quarter one LME was unable to provide complete data due to circumstances beyond their control. They are working to correct this problem. It is not included in this report.

- Of these, 430 (60%) were resolved by working with the provider, 195 (27%) were resolved by providing technical assistance to complainants and 53 (7%) were resolved by mediation.
- Eight hundred and ninety (96%) of the total complaints this quarter were resolved and brought to administrative closure. A complaint is considered resolved when the complainant accepts the outcome, withdraws the complaint or when no further action can be taken by the LME.
- The final dispositions for 867 (93%) of the total complaints this quarter occurred at the LME level.
- Eight hundred and twenty-nine (90%) of the complaints this quarter were resolved within 30 days of receipt of the complaint.

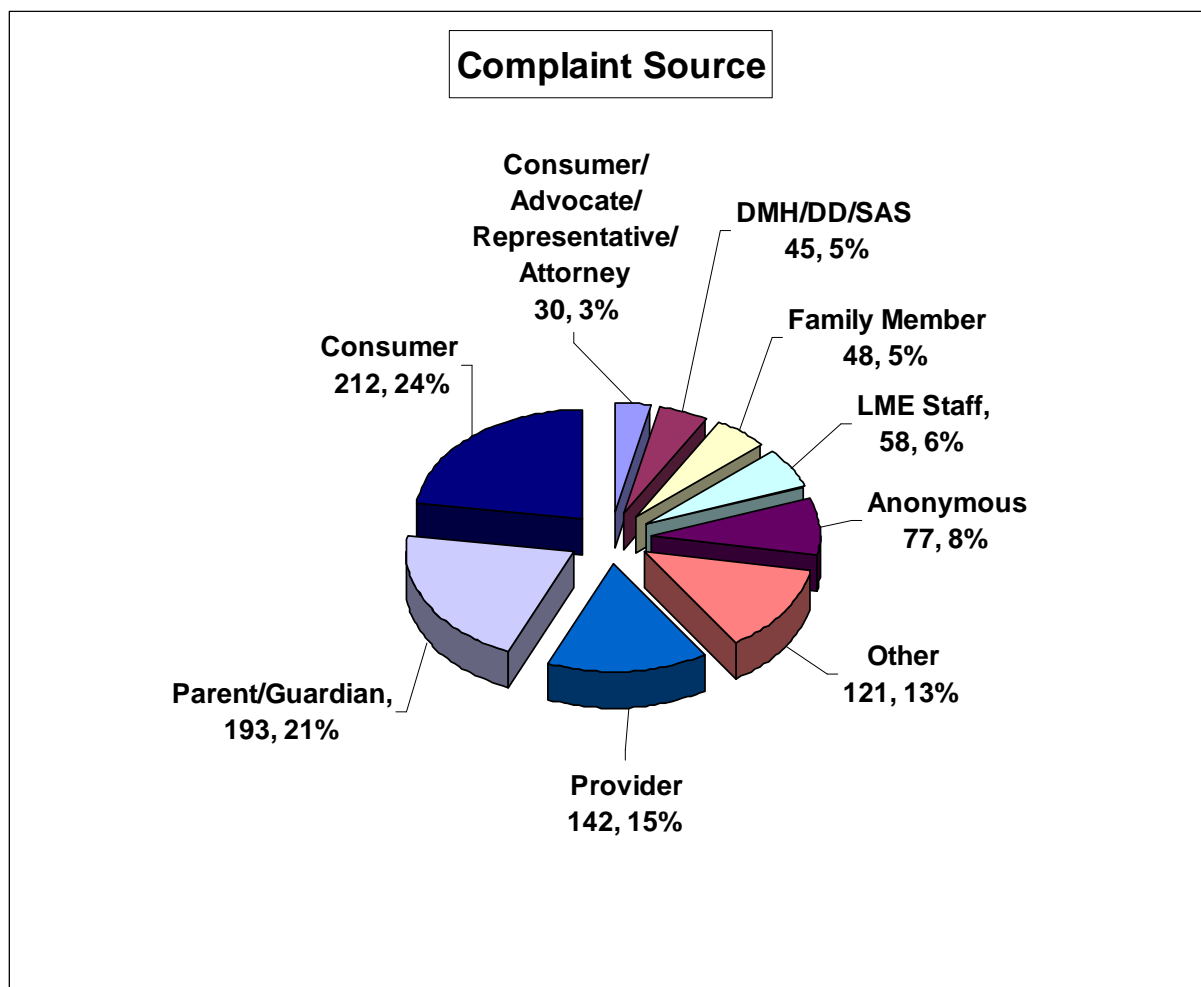
Total Number of Complaints

LMEs received a total of 926 complaints from October 1, 2009 to December 31, 2009. Seven hundred and twenty-three (78%) of the complaints received were by or on behalf of a consumer and 203 (22%) were not by or on behalf of a consumer.



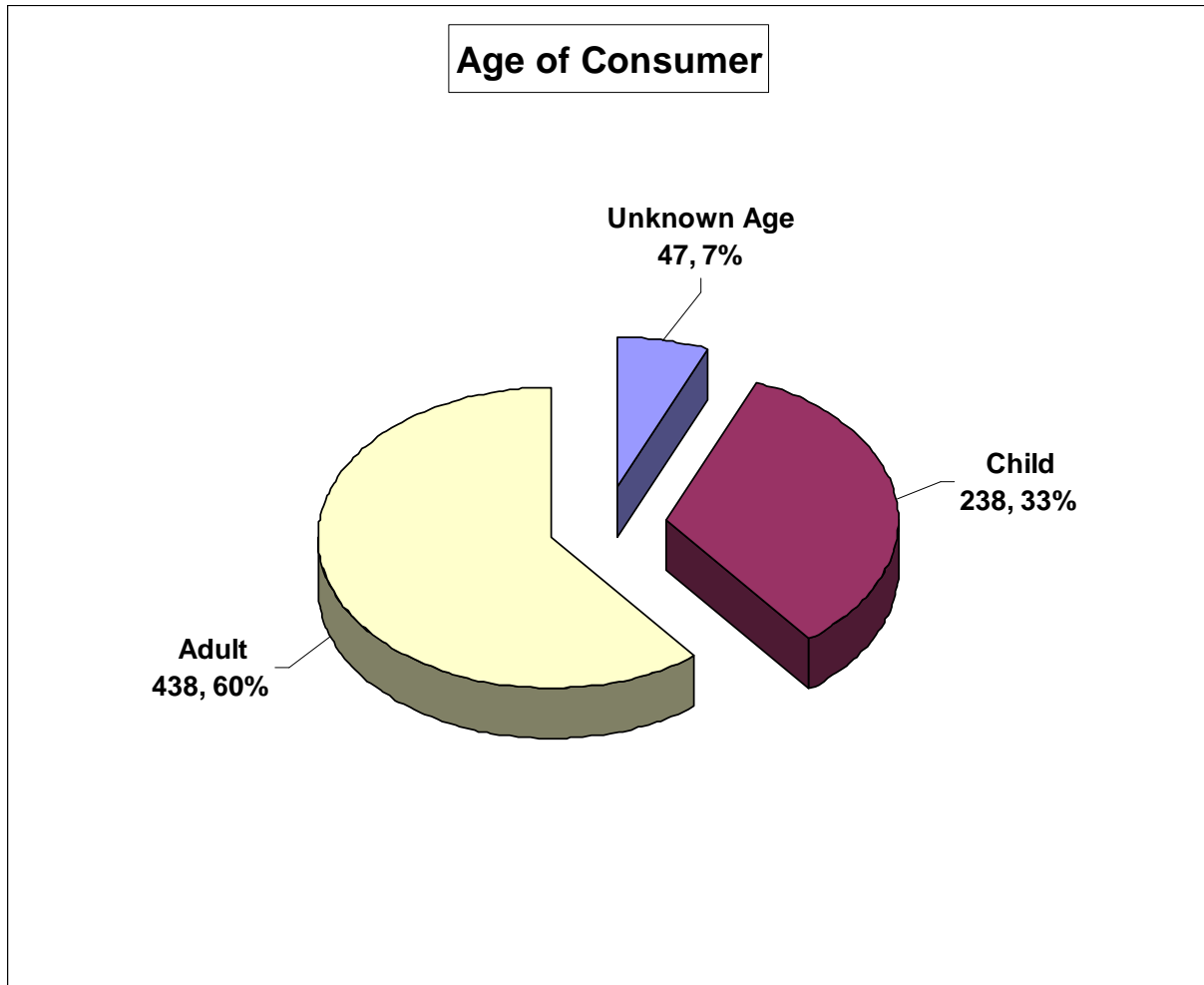
Complaint Source

Consumers filed 212 (24%) of the complaints and parents/guardians filed 193 (21%) of the complaints to LMEs this quarter. One hundred and forty-two (15%) of the complaints were initiated by providers. Forty-eight (5%) were filed by family members other than parents/guardians. The chart below illustrates the remaining contact sources for this quarter.



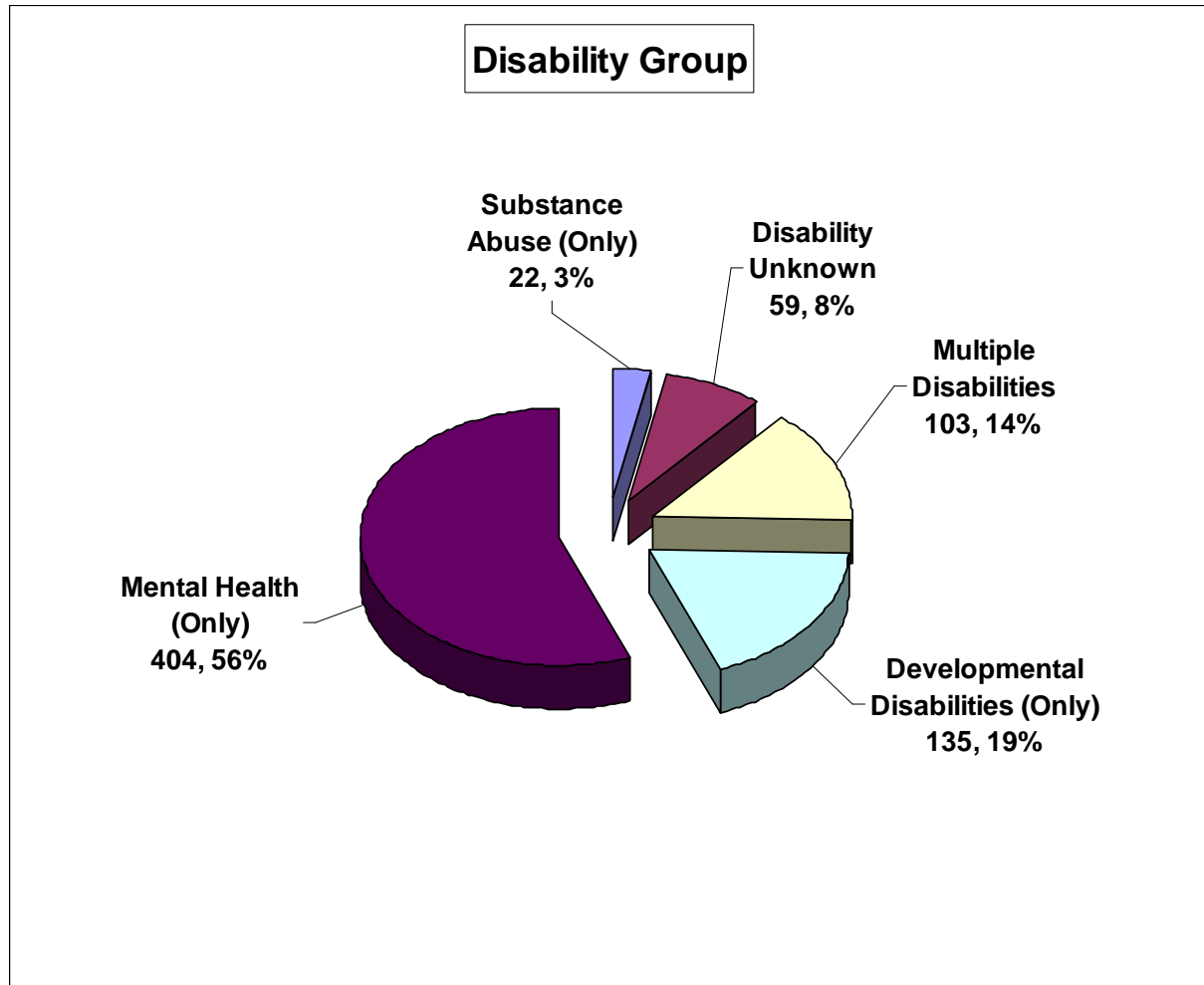
Complaints By Or On Behalf of a Consumer:
Consumer's Age Group

Statewide, 723 complaints were filed by or on behalf of a consumer from October 1, 2009 to December 31, 2009. Four hundred thirty-eight (60%) were filed about adult services (age 18 or over), 238 (33%) were filed about children's services (age 0-17) and for 47 (7%) of the complaints did not reference a specific age group.



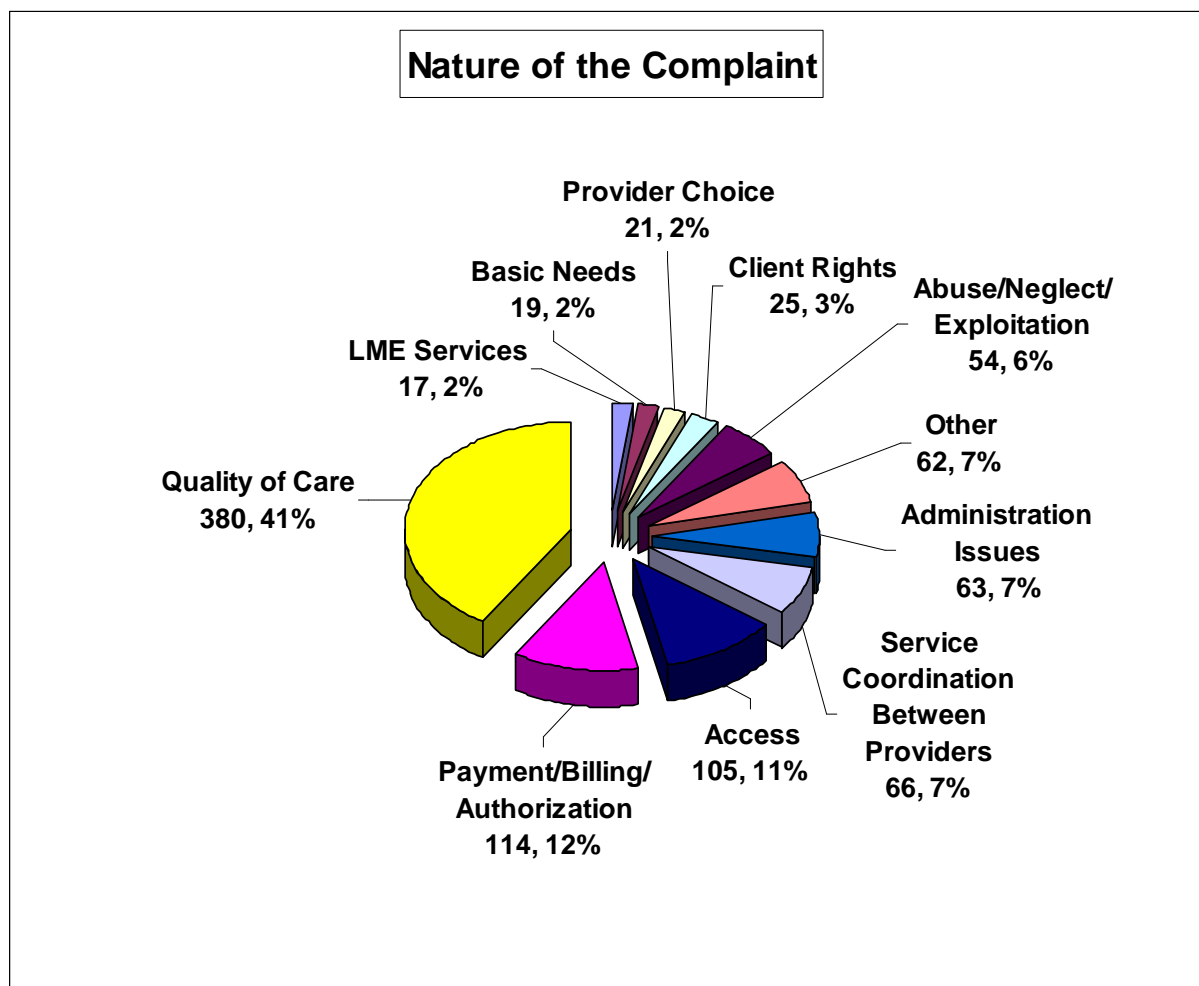
Complaints By Or On Behalf of a Consumer:
Consumer's Disability Group

Four hundred and four (56%) of the complaints involved a consumer with a mental health diagnosis, 135 (19%) involved consumers who had a developmental disability diagnosis, 103 (14%) involved consumers with multiple disabilities, 22 (3%) involved consumers with a substance abuse diagnosis.



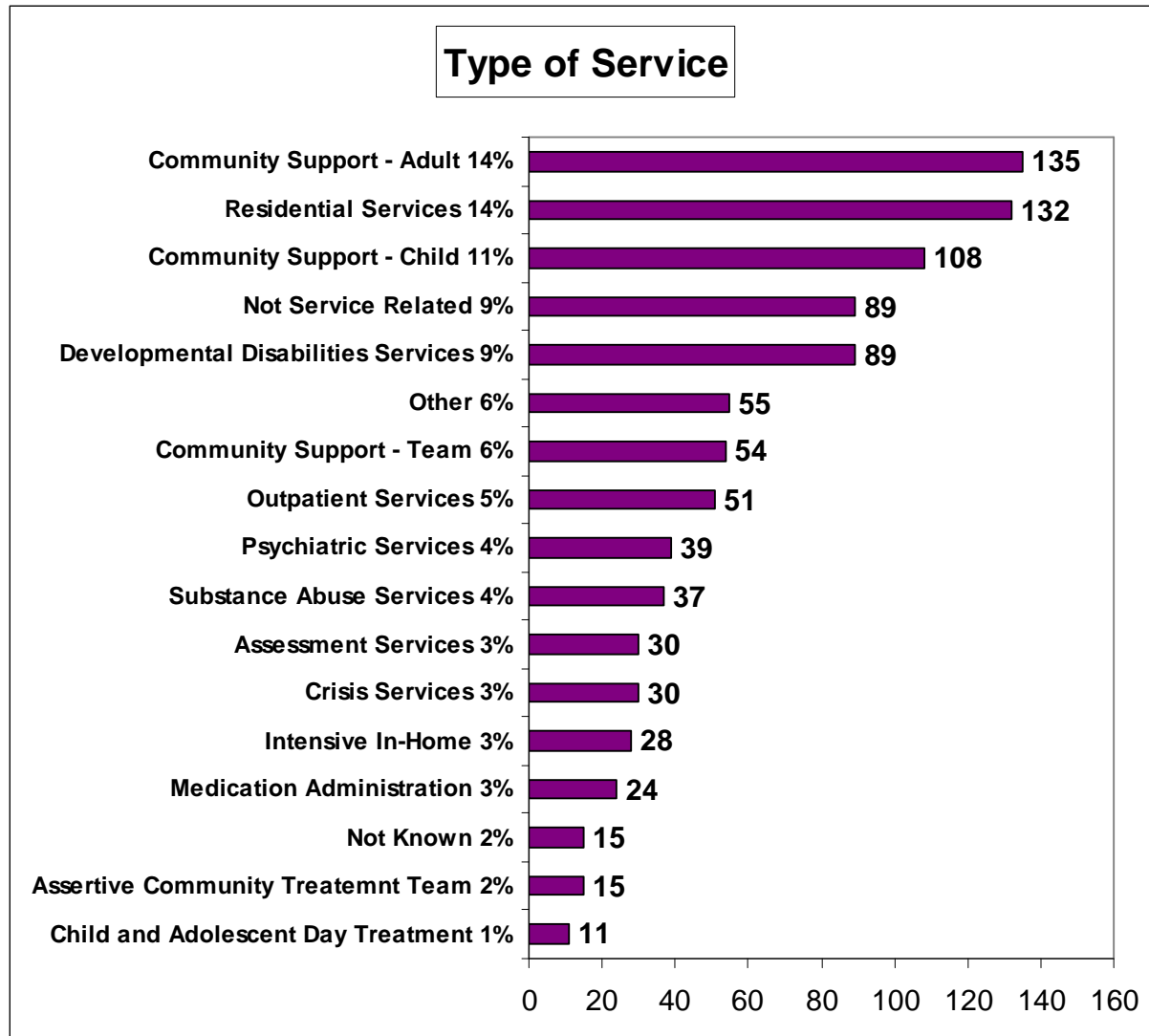
Primary Nature of the Complaint

The issues associated with the complaints are categorized in the graph below. Three hundred and eighty (41%) of the complaints were related to quality of care, 114 (12%) involved issues with payment/billing/authorization and 105 (11%) related to access to services.



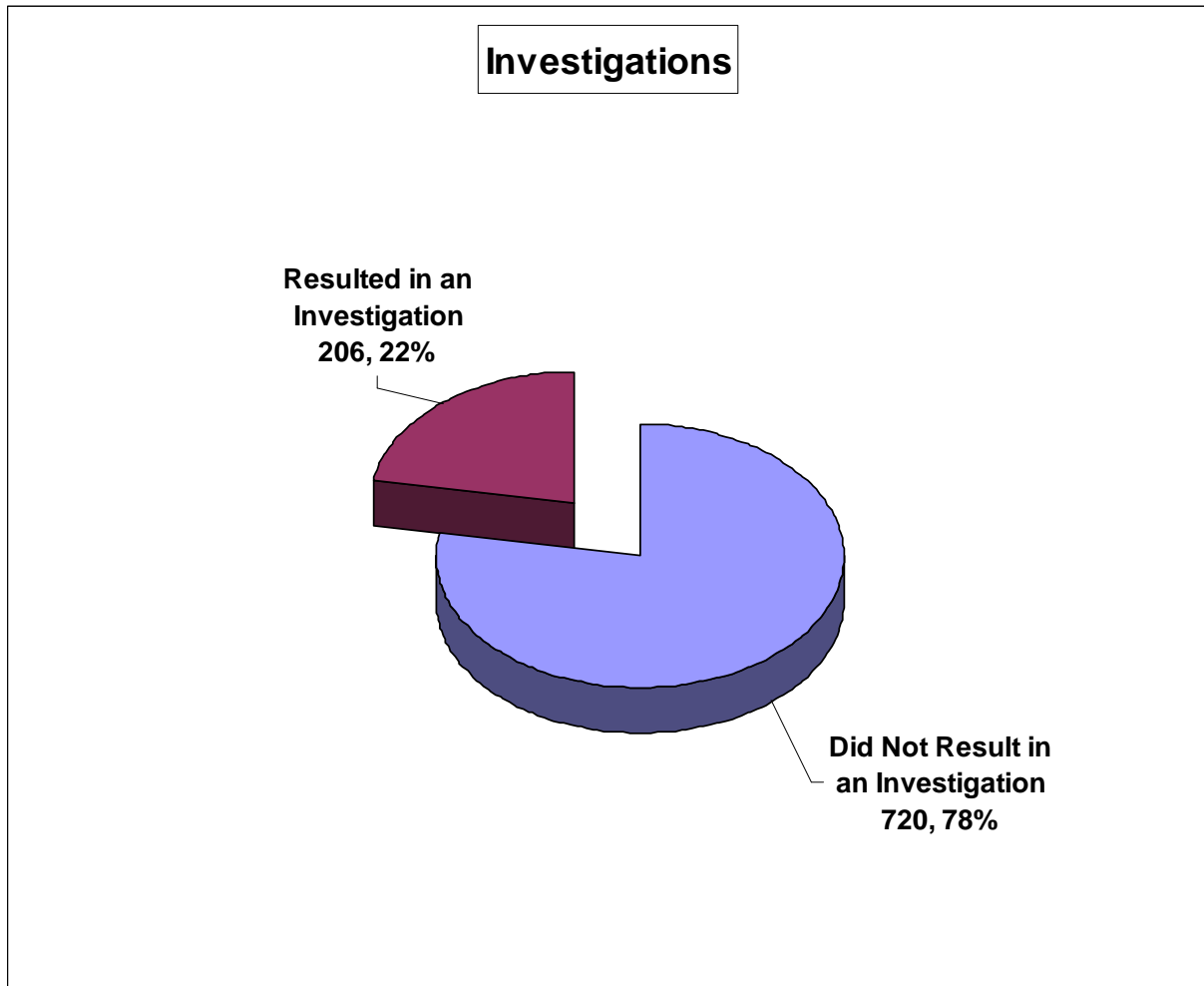
Type of Service Associated with the Complaints

Community Support (CS) services were associated with 243 (25%) of the total complaints this quarter with CS-Adult 135 (14%) and CS-Child 108 (11%) of the complaints. Residential services accounted for 132 (14%) of the total complaints.



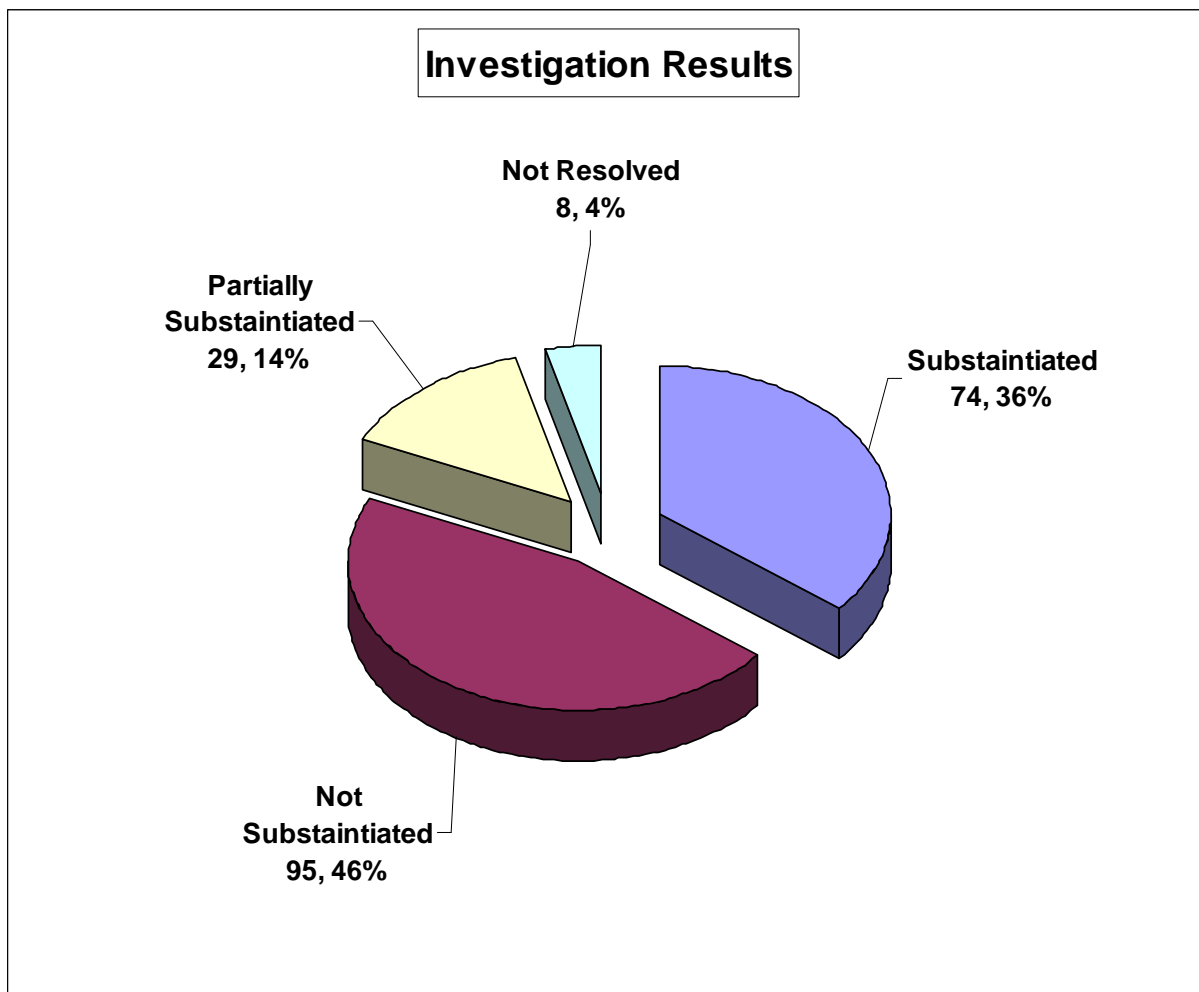
The Number of Complaints that Resulted in an Investigation

Statewide, LMEs received a total of 926 complaints from October 1, 2009 to December 31, 2009. Two hundred and six (22%) of the complaints resulted in an investigation by the Local Management Entity, the Division of Health Service Regulation, the Department of Social Services or the Division of Mental Health, Developmental Disabilities and Substance Abuse Services. The remaining 720 (78%) of the complaints did not result in an investigation.



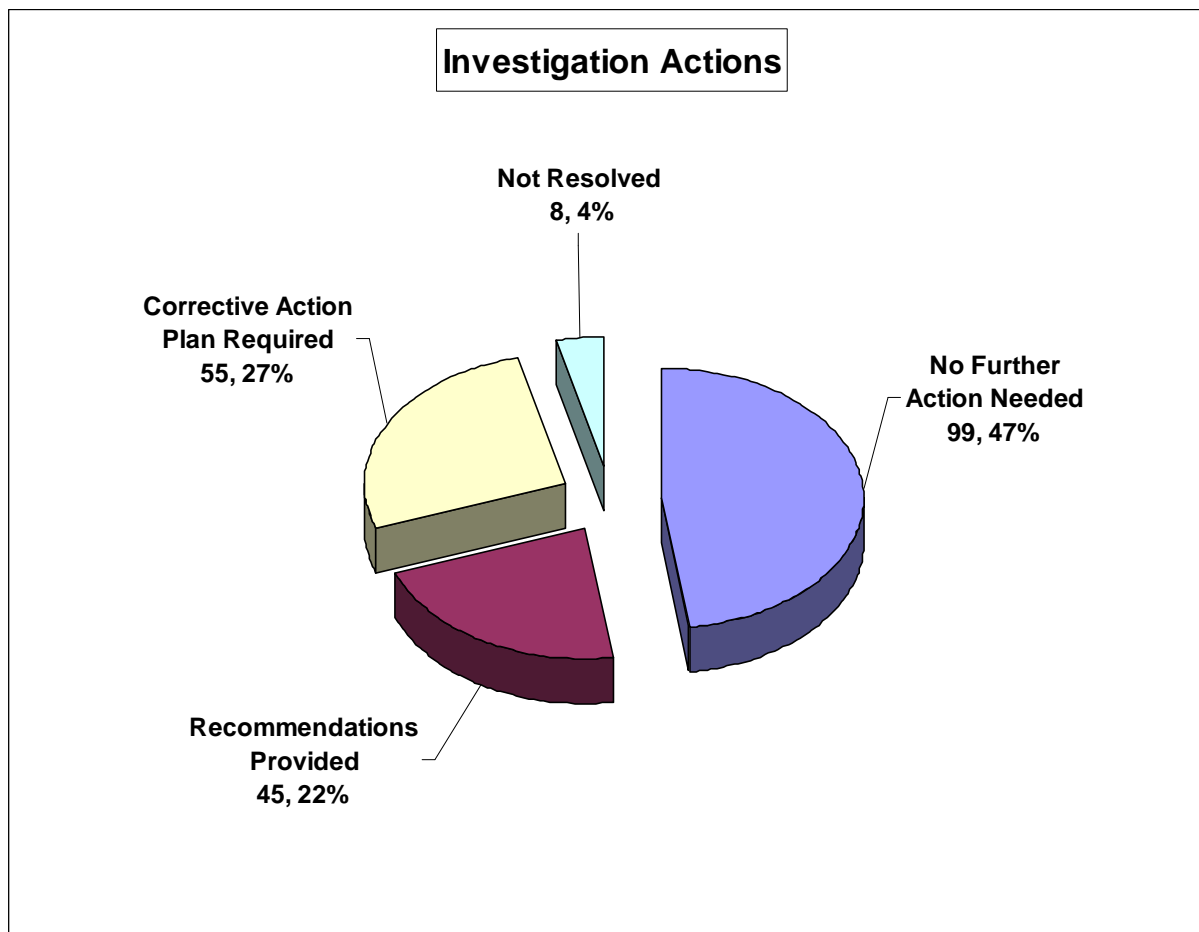
Complaint Investigation Results

Statewide, of the 206 complaints that were investigated during the second quarter, 95 (46%) were not substantiated, 74 (36%) were substantiated and 29 (14%) were partially substantiated.



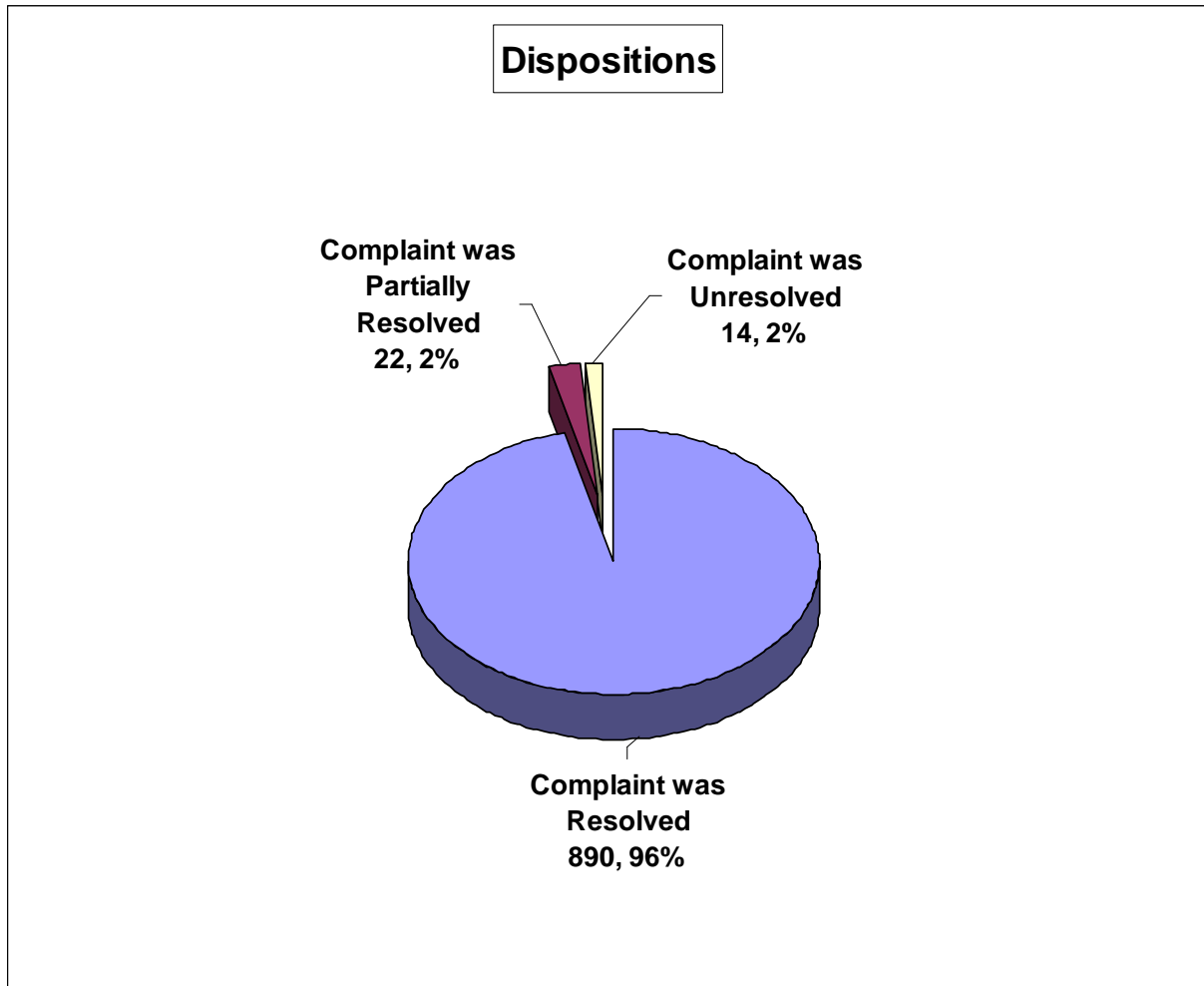
Actions Following the Investigations

During this quarter, ninety-nine (47%) of the complaints investigated resulted in no further action needed. Fifty-five (27%) of the complaint investigations resulted in a corrective action plan from the provider and 45 (22%) resulted in recommendations to the provider.



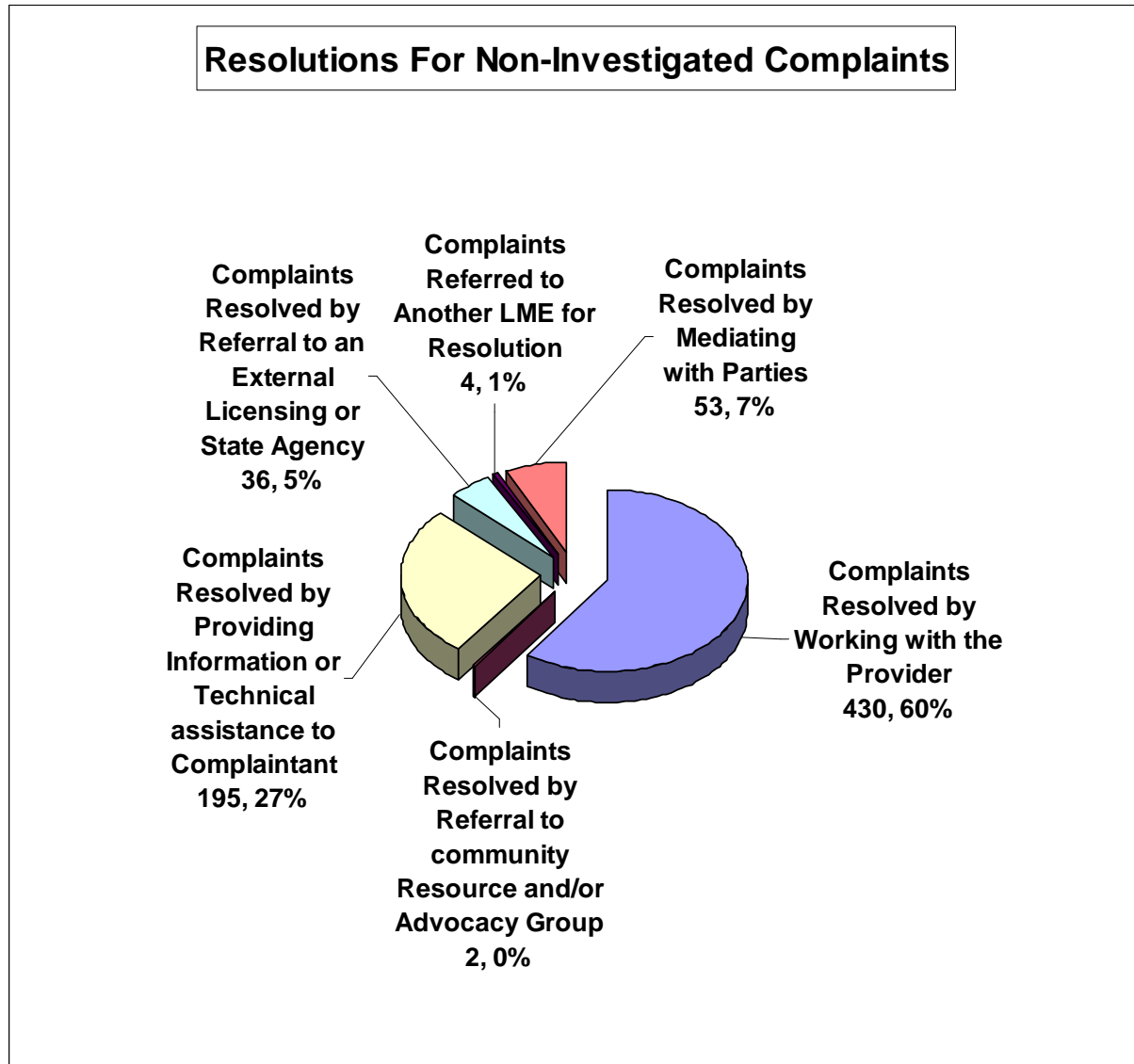
Final Disposition for all Complaints

Statewide, of the total number of complaints that were received by LMEs during this quarter, 890 (96%) were resolved, 22 (2%) were partially resolved and 14 (2%) were unresolved.



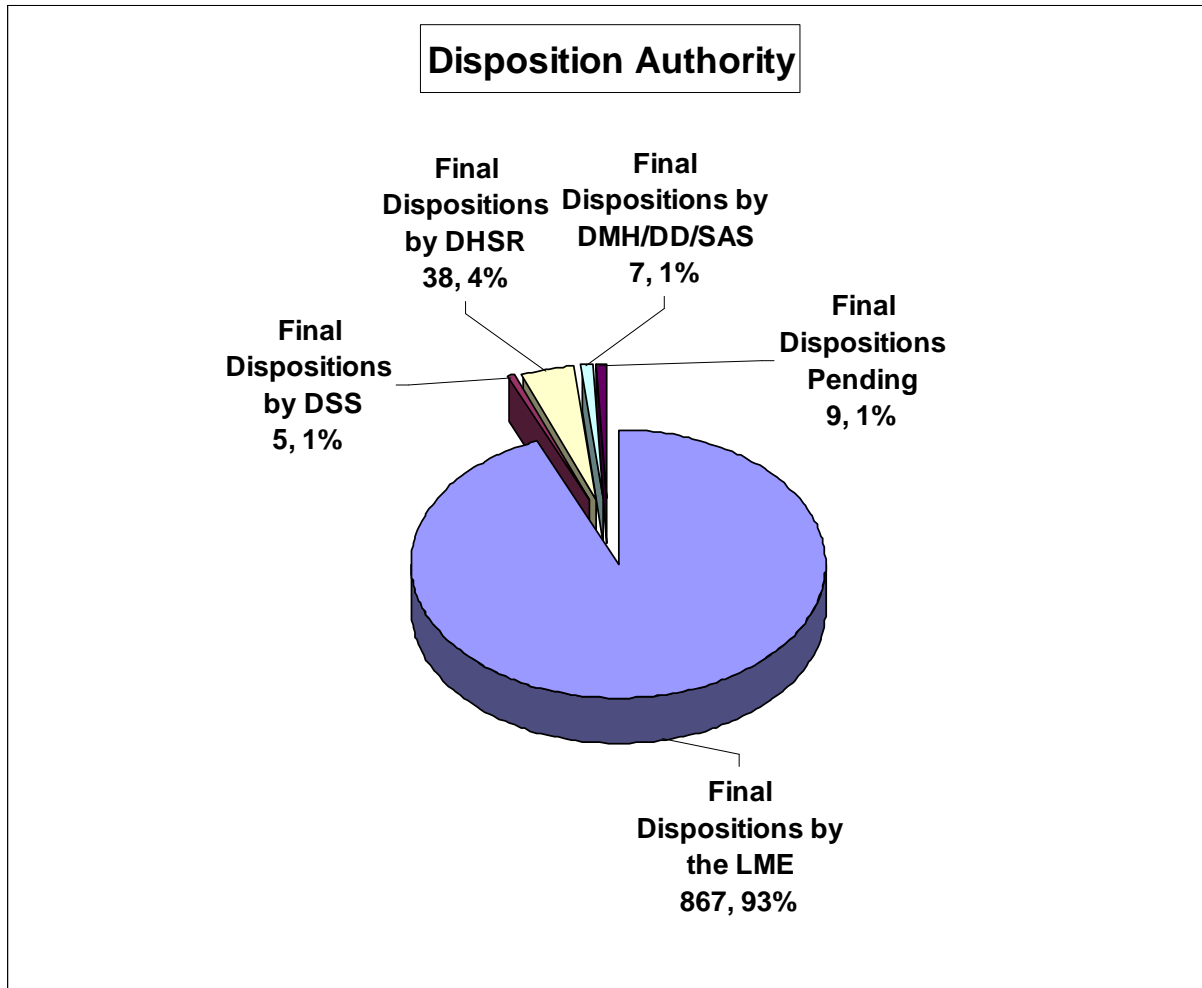
Resolution for Non-Investigated Complaints

Seven hundred and twenty complaints during this quarter were resolved without an investigation. Over half of these complaints, 430 (60%), were resolved by working with the provider. One hundred and ninety-five (27%) were resolved by providing technical assistance to the complainants, 53 (7%) were resolved by mediating between the parties and 36 (5%) were resolved by referral to an external licensing or state agency.



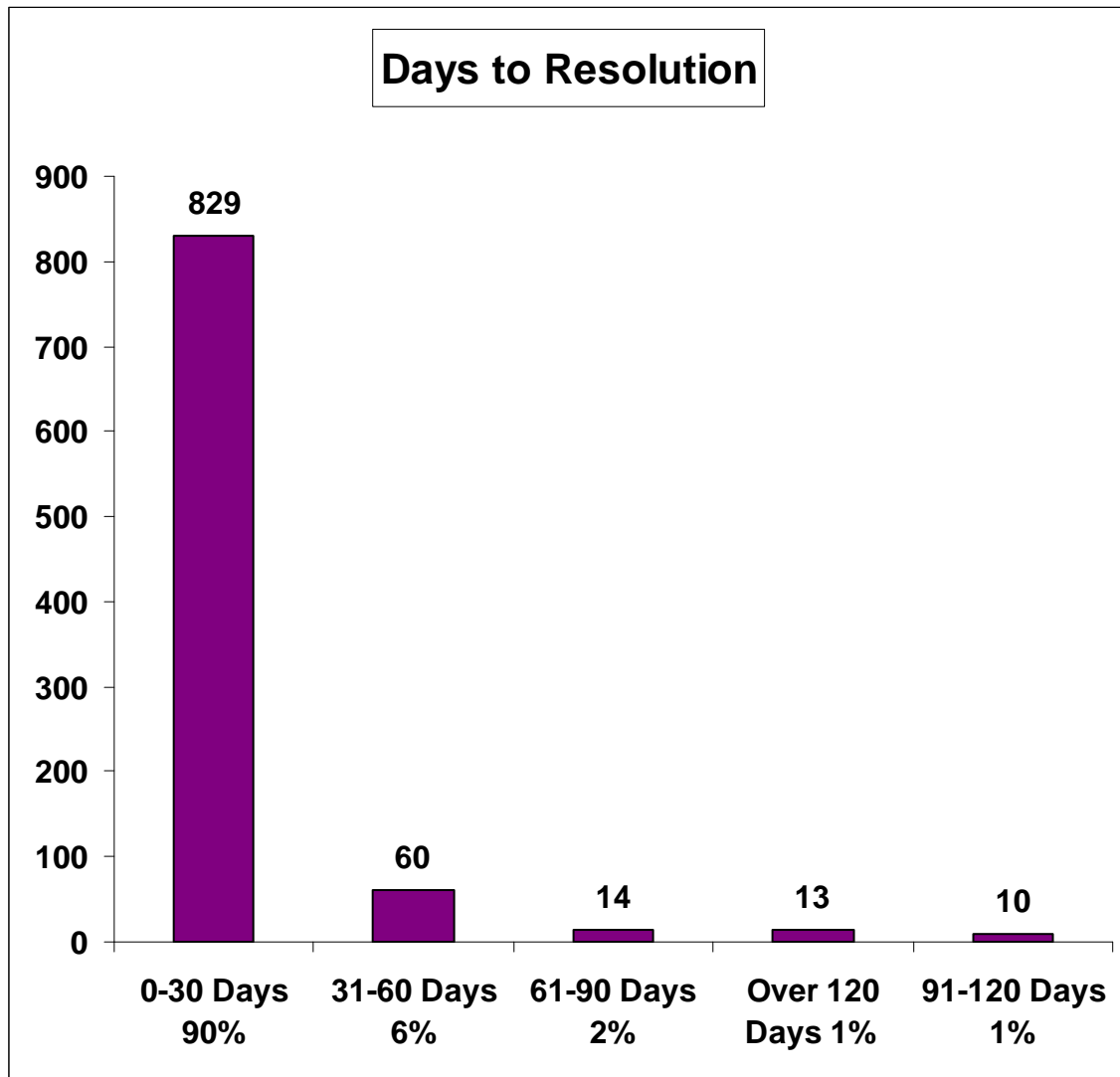
Final Disposition Authority for all Complaints

Eight hundred and sixty-seven (93%) of the final dispositions were by the LME. Thirty-eight (4%) of the final dispositions were by the Division of Health Service Regulation (DHSR), 5 (1%) were by the Department of Social Services (DSS), 7 (1%) were by Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) and 9 (1%) were pending at the time of the report.



Number of Days to Resolution

Eight hundred and twenty-nine (90%) of the complaints received during this quarter were resolved within 30 days of receipt of the complaint. When complaints require more than 30 days to resolve, they usually are reported to DMH/DD/SAS, DHSR, DSS or another licensing or state agency for investigation and require extended time frames for a resolution at the LME level.³



³ Initial data collection occurs during the quarter. However, the final report data is submitted to DMH/DD/SAS 5 months after the end of the quarter to allow more time to resolve the complaints. The added time period provides an accurate picture of resolution and final disposition for all complaints initiated during the quarter.